

Form must be returned to: _____	By: _____
Name: Local DSS/LPA Contact	
At: _____	
Name and Address of Local Department of Social Services (DSS) or Local Purchasing Agency (LPA)	

REQUIREMENTS FOR TRANSPORTATION PROVIDER (INDIVIDUAL)

Check (✓) to Indicate Compliance	Requirement	Reference
	1. Any driver/driver substitute or duly licensed school bus driver is at least 18 years old.	G.S.110-91
	2. Any driver/driver substitute has a criminal history check conducted.	G.S.110-90.2
	3. No driver/driver substitute has a conviction of Driving While Impaired (DWI) or other impaired driving offense within the last three years.	.1003(e)
	4. Any driver/driver substitute has a valid driver's license of the type required for the vehicle being driven.	.1723(3)
	5. Seat belts and child passenger restraint devices are used.	.1723(2)
	6. Seat belt and restraining devices meet federal standards.	NC Motor Vehicle Law
	7. Each adult and child is restrained by an appropriate individual belt/device.	G.S.110-91(13)
	8. Children under 5 or less than 40 pounds are provided a size appropriate restraint.	NC Motor Vehicle Law
	9. Children under 2 years shall never be transported outside an appropriate infant restraint device in any vehicle.	.1001(d)
	10. Children's ID and emergency information are in the vehicle.	.1723(7)
	11. Each person is seated in a manufacturer's designated seating area.	.1723(4)
	12. Children are never left in a vehicle unattended by an adult.	.1723(6)
	13. Children do not occupy front seat if vehicle equipped with operational passenger side airbag.	.1723(5)
	14. All vehicles are insured for liability as required by state law.	NC Motor Vehicle Law
	15. Provider complies with all applicable state and federal laws regarding transportation.	G.S.110-91

I understand that my signature is required below as the Transportation Provider. I certify that the information on this document is true and accurate to the best of my knowledge. Also, I understand that in order to participate in the subsidized child care program that I must comply with the federal and state requirements on this form. I am aware that the submission of false information on this form may result in the denial or termination of approval to provide transportation for children.

_____ Signature of Transportation Provider	_____ Date
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For Local Department of Social Services or Local Purchasing Agency's Use Only

Action Taken: ☐ **Approved** _____ ☐ **Denied** _____
DateDate

Comments: _____

_____ Signature of Local DSS/LPA Representative	_____ Date
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White Original: Local DSS/LPA

Pink Copy: Transportation Provider